											PAGE 1 OF
ORDER FOR SUPPLIES OR SERVICES											61
1. CONTRACT/P	CT/PURCH ORDER/AGREEMENT NO. 2. DELIVERY ORDER/CALL NO.				3. DATE OF ORDE				N/PURCH	REQUEST NO.	5. PRIORITY
N00	N6339420F3000				(YYYYMMMDD) 2020APR		TBD)	Unrated
6. ISSUED BY		CODE	N63394 7	. ADM	INISTERED BY (If o	other than 6	;) (CODE			8. DELIVERY FOB
NSWC PORT	HUENEME DIVISION	_								SCD: C	DESTINATION
-	Way, BLDG 1217										OTHER (See Schedule if
	, CA 93043-4307										other)
9. CONTRACTOR CODE 05ZG9					ACILITY 960103	620	20 10. DELIVER TO FOB POINT BY (E			DINT BY (Date)	11. X IF BUSINESS IS
•					•		SEE SCHEDULE			DULE	SMALL DISAB
NAME New Directions Technologies, Inc.					12. DISCOU					W/AW/E	SMALL DISAD- VANTAGED
AND 137 ADDRESS			Net 30 Days WAV					WOMEN-OWNED			
Ridg		•			AIL INVO	N G					
14. SHIP TO CODE 15.					PAYMENT WILL BE MADE BY CODE HQ0339						MARK ALL
CEE CEC	TIONE	DFAS	FAS Columbus Center, West Entitlement						PACKAGES AND PAPERS WITH		
SEE SEC		D. Box 182381						IDENTIFICATION			
	Colum	olumbus, OH 43218-2381						NUMBERS IN BLOCKS 1 AND 2.			
16. DELIVE	RY/ This delivery order/ca	II is issued on a	nother Government a	gency	or in accordance w	ith and subj	ect to t	erms and	d conditio	ons of above num	bered contract.
TYPE	Reference your								furnish	n the following o	n terms specified herein.
ORDER PURCHASE PURCHASE ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
A higail Gardner											
	New Directions Technologies, Inc. NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED										
If this box is marked, supplier must sign Acceptance and return the following number of copies:										(YYYYMMMDD)	
	IG AND APPROPRIATION DATA/L	•	an the renewing name		обрабо.						
SEE SCHE	DULE										
							NTITY	Т			
18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICES						ORDER ACCEPT	ED/	21. UNIT	22 . U	JNIT PRICE	23. AMOUNT
SEE SCHEDULE											
	SEE SCHEDULE										
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.										25. TOTAL	\$14,611,457.53
										26. DIFFERENCES	
· · ·	IN COLUMN 20 HAS BEEN	BY:				ONTRACTI	NG/ORL	DERING C	DEFICER		
INSPECTED		CEPTED, AND (CONFORMS TO XCEPT AS NOTED:								
b. SIGNATURE		. DATE (YYYYMMDD) d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT PROPEGEMENT AND CO.						OVERNMENT			
	'	REPRESENTATIVE									
						T					
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					. SHIP. NO.	29. D.O.	29. D.O. VOUCHER NO. 30. INITIALS				
					PARTIAL	OO DATE DIE			VERIFIED CORRECT FOR		
f. TELEPHONE NUMBER g. E-MAIL ADDRESS					FINAL	32. PAID BY 33. AMOUNT V			VERIFIED CORRECT FOR		
					. PAYMENT	34. CHECK NUM				MBER	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.					COMPLETE						
a. DATE (YYYYMMMDD) b. SIGNATURE AND TITLE OF CERTIFYING OFFICER					PARTIAL	35. BILL OF LAD				DING NO.	
37. RECEIVED 38. RECEIVED BY (<i>Print</i>) 39. DATE RECEIVED					FINAL	41. S/R ACCOUNT NUMBER 42. S/R VOUCH					
											HEB NO
AT	551 HE521125 51 (1 1 mily)		(YYYYMMMDD		. TOTAL CON- TAINERS	41. 5/h A	CCOON	er neomic	DEN	42. S/R VOOC	HER NO.